

Specialty Publication Membership Application



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MichiganPress.org

This publication hereby applies for specialty publication membership in the Michigan Press Association. If membership is approved, this publication agrees to abide by the By-Laws of MPA: to supply at least two copies of each issue as a part of its affiliation and pay dues as they become due.

General Contact Information

Name of Publication _____
Street Address _____
City _____ State _____ Zip _____ County _____
Phone _____ Fax _____ Web site _____

Team Members

Publisher _____ Editor _____
Email _____ Email _____
Ad Manager _____ Circ Manager _____
Email _____ Email _____

Publication Information

How long has your publication been publishing? _____ Frequency of publication: _____
Do you have a list of paid subscribers? Yes No
Do you hold a periodicals-class postal permit? Yes No
What is your Total Average Distribution _____ Page size _____" x _____"
(Line G on USPS form 3526 Statement of Ownership, Management and Circulation) (inches)

Required PAID circulation publications:

Provide a copy of USPS Statement of Ownership, Management and Circulation form #3526

Required FREE circulation publications:

Provide circulation verification satisfactory to MPA for publications without a postal-class permit. (Publisher affidavit or audit copy)

Membership dues are determined by the Board of Directors and are payable annually upon receipt of an invoice for same. Members are entitled to all services offered by the organization. Members are eligible to become members of and to appoint Michigan Newspapers, Inc. to serve as a representative for advertising. In order to appoint MNI as an ad representative, a separate agreement must be executed. In order for a publication to be eligible for consideration for Specialty Publication Membership in MPA, a publication must: 1) Contain a minimum annual average of 25% news and editorial content. 2) Publish at least quarterly over a period of one year for paid circulation publications or two years for free circulation publications.

Signature

By signing below, you are verifying that the publication listed above does meet all of the above criteria.

Signature of Publisher _____ Date _____

Please send this form, along with two copies of the last four consecutive issues of your publication to the Michigan Press Association, 827 N. Washington, Lansing, MI 48906.

MPA reserves the right to request additional information and to reject any application for membership.

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